

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Amanda Faith Atkinson

3373053

*(Enter above the full name of the plaintiff
or plaintiffs in this action).*

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:18-cv-01518

(Number to be assigned by Court)

South Central Regional Jail

*(Enter above the full name of the defendant
or defendants in this action)*

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____ No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution?

Yes No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No _____

C. If you answer is YES:

(where he is Sent all copies of grievances)

1. What steps did you take? I wrote several grievances.

gave where I was diagnosed, address and number told the Dr.

2. What was the result? No difference. Gluten Free.

Trays with gluten all on the trays.

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Aminda Atkinson #3373053

Address: South Central Regional Jail, 1001 Centre Hwy
Charleston, WV 25309

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: _____

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have chronic celiac disease. I have been here for almost 2 months. I told them in booking when I was being processed that I have celiac disease and can only eat gluten-free food. I have wrote and told Medical. I was locked down for "observation" for 24 hrs because my mother called the jail and said it was against the law to not give me a gluten free tray.

IV. Statement of Claim (continued):

While being linked down for observation, I never received a gluten free tray once, I've wrote several grievances which were ignored or just asked who diagnosed me. I gave Drs. names addresses and phone numbers. I wrote the counselors
nothing has been done. The response to the last grievance was Kitchen has been told again and they ordered me gluten free trays and there's nothing medical can do. Then they rejected my grievance
my hands and feet keep going numb and I feel horrible. and my hands are swelling.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.

Cite no cases or statutes.

I want to receive compensation for now almost 2 months of eating gluten because my health is deteriorating.
I want to be fed a gluten free tray.

V. Relief (continued)):

VII. Counsel

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons:

I dont have the money
to hire a lawyer for this case

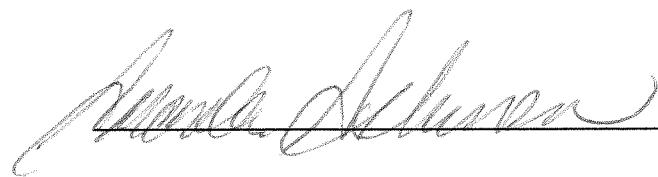
C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No X

If so, state the lawyer's name and address:

Signed this 6th day of December, 2018.



Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/10/18.
(Date)



Signature of Movant/Plaintiff

Signature of Attorney
(if any)